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## BIB DATA SHEET

CONFIRMATION NO. 7593

<b>SERIAL NUMBER</b> 10/522,073	<b>FILING or 371(c) DATE</b> 07/06/2005 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 0002063USU/2279	
<b>APPLICANTS</b> Hasdi Matarasso, Netanya, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00599 07/22/2003 <input type="text" value="Yes /CTO/"/> <b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60397042 07/22/2002 <input type="text" value="Yes /CTO/"/> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CLINTON T OSTRUP/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Charles N J Ruggiero Ohlandt Greeley Ruggiero & Perle 10th Floor One Landmark Square Stamford, CT 06901-2682 UNITED STATES					
<b>TITLE</b> Respiratory aid apparatus and method					
<b>FILING FEE RECEIVED</b> 1790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		